

AFFIDAVIT OF INDIGENCY; REQUEST FOR COURT APPOINTED COUNSEL

CAUSE NO: _____
THE STATE OF TEXAS § IN THE COUNTY COURT
VS. § OF
_____ § DeWITT COUNTY, TEXAS

BEFORE ME, the undersigned authority, on this day personally appeared the defendant in this cause who after being by me duly sworn by penalty of perjury, on oath deposes and says as follows: **“I cannot afford to hire a lawyer and request the court appoint a lawyer for me. I declare the following information concerning my resources is true and correct”:**
REQUIRED: (PRINT CLEARLY – PLEASE PROVIDE CURRENT INFORMATION)

Defendant’s Address: _____

Phone Number: _____

Defendant’s Employer: _____ Employer’s Address: _____

HOUSEHOLD INCOME:

Your Take Home Pay: \$ _____ Weekly \$ _____ Bi-weekly \$ _____ Monthly

Your Spouse/Significant Other:
Take Home Pay: \$ _____ Weekly \$ _____ Bi-weekly \$ _____ Monthly

GOVERNMENT BENEFITS: _____ Food Stamps _____ AFDC _____ WIC _____ SSI _____ OTHER (Medicaid)

DEPENDENTS/CHILDREN:

Number of Dependents: _____ Ages of Dependents/Children: _____

ASSETS:

Total cash on hand or on deposit anywhere: _____

Property Owned/Assets (example: cars, boats, motorcycles, etc.): _____

EXPENSES (MONTHLY):

Estimate of reasonable monthly living expenses: _____

DEBTS:

Creditor Name(s) and Amount(s): _____

Further affiant sayeth not:

Defendant’s Signature

Sworn to and subscribed before me, on this the _____ day of _____, 20____, witness my hand and seal of office; at _____ a.m./p.m.

County Clerk of DeWitt County
By: _____ Deputy Clerk

WAIVER TO RELEASE FINANCIAL/BENEFIT INFORMATION

I, _____, do hereby authorize persons, organizations, or establishments having information or records concerning me/us (or) my/our circumstances, to furnish such information to a representative of the County of DeWitt. I hereby grant permission for the County of DeWitt to obtain information which may have a bearing on my/our eligibility for assistance. This release form is valid for six months after the date signed.

Signature